

**EXHIBIT 920-1**

**HEALTH CARE ACQUIRED CONDITIONS  
OTHER PROVIDER PREVENTABLE CONDITIONS  
REPORTING TOOL**

**AMPM POLICY 920, EXHIBIT 920-1**

**DATE SUBMITTED:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_ **QUARTER:** \_\_\_\_\_ **CONTRACTOR NAME:** \_\_\_\_\_

[illegible]